

Indiana Department of Transportation

WEEKLY DBE TRUCKING REPORT A

NOTE: This form is to be submitted by the DBE primary hauler along with the Weekly Disadvantaged Business Enterprise Trucking Report B to the primary contractor or subcontractor.

To: _____
(Insert Name and Address of primary contractor or subcontractor.)

Re: INDOT Contract: _____

1. This report identifies only trucking services eligible for DBE credit, which services were provided for the period beginning _____ and ending _____ with respect to the referenced INDOT contract.
2. Amount of hauling performed using trucks owned by the primary hauler. \$ _____
3. Amount of hauling performed for the primary hauler by a supplemental DBE hauler. *(Attach a list of the names of each certified DBE hauler from whom trucks were obtained for use on the referenced INDOT contract.)* \$ _____
4. Amount of hauling performed for the primary hauler by a non-DBE, supplemental hauler under long term agreement during this reporting period. *(Should not exceed the total amount entered on Line 2 plus Line 3)* \$ _____
5. Primary hauler's mark up (e.g. brokerage or commissions) on non-DBE, supplemental hauling which is in excess of the amount provided for in Paragraph 4 above and is not eligible for full DBE credit. \$ _____

I AFFIRM, UNDER PENALTIES OF PERJURY, that the above information is true and correct to the best of my knowledge, information and belief.

DBE Primary Hauler Name

By: _____
(Signature)

(Date)

(Title)

To be submitted weekly by Contractor to PE/PS. PE/PS to submit to EEO Officer. EEO Officer submit to CO